

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

403

STATE FILE NUMBER
63-019067

FILED JUN 13 1963

1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Columbia

Length of stay in 1b
22 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Medical Center M.U.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

Sullivan

c. CITY
OR TOWN Milan

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)
NO STREET ADDRESS

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last
Eva Bunch Hampton

4. DATE OF DEATH

Month Day Year
6 11 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6-29-90

9. AGE (last birthday)

72

10. IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10b. KIND OF BUSINESS OR INDUSTRY

UNKNOWN

11. BIRTHPLACE (City and state or country)

Sullivan, Co.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Green Bunch

13b. MOTHER'S MAIDEN NAME

Leona Lewis

14. NAME OF HUSBAND OR WIFE

UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
UNKNOWN

16. SOCIAL SECURITY NO.

UNKNOWN

17. INFORMANT

Hospital Record Medical Center

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac and respiratory arrest
Acute myelogenous leukemia

INTERVAL BETWEEN ONSET AND DEATH

Immediate
1 mo +

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

Month, Day, Year

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY; TOWN; OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 20 63 to June 11 and last saw her alive on June 11, 1963
Death occurred at 3:35 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)
John M. Laird Jr. M.D.

22b. ADDRESS

Med. Center

22c. DATE SIGNED

6-11-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

6-13-1963

23c. NAME OF CEMETERY OR CREMATORY

BUNCH CEMETERY

23d. LOCATION (City, town, or county)

SULLIVAN CO., MO.

24. FUNERAL DIRECTOR

Glenn E. Gentler, Jr., Green City, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

June 11, 1963

26. REGISTRAR'S SIGNATURE

Mrs. R.E. Palmer

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10109

21050

3

41

52

6

70

81

92043

10

11

122-0

133-0

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Earl R. Zent

Licensed Embalmer No. 4689

P. O. Address

Green City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.